

# Reporting the Order of Commitment

To Nebraska Department of Health and Human Services  
By Clerks of the District Courts per requirement of Neb. Rev. Stat: 69-2409.01

<b>Type of Report:</b> (Please indicate)	<b>Date of this report:</b> (mm/dd/ccyy)
<input type="checkbox"/> Commitment	
<input type="checkbox"/> Discharge from Commitment	
<input type="checkbox"/> Correction	

**Identifying information:** *This information is requested of all commitments so as to distinguish one person from another. Please copy this form to the official files for future reference. All information is requested. Thank you.*

<b>Social Security Number</b>  _____	<b>Race</b> ("X" all that apply)  <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Latin American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Unknown	<b>Gender</b> ("X" response)  <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Date of Birth</b>  _____ Month      Day      Year		<b>County of Legal Residence:</b> (Print name)  _____ The county of the persons home address..

**Name of person ordered to receive mental health treatment:** *Please give all names, including maiden names and nicknames. Attach additional sheets if necessary.*

<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Suffix</b> (Jr, Sr, etc)

<b>Mental Health Board Ordering Commitment:</b> (Print name)  	
<b>Type of Commitment:</b> Outpatient (circle)  Inpatient	<b>Responsible Facility:</b>  
<b>Contact Person Completing Report:</b> (Print)	<b>Phone Number:</b>  (_____) _____ Area Code      Number      Extension
<b>County of Commitment:</b> (Print Name)	<b>Commitment Date:</b>  _____ Month      Day      Year
<b>Discharge date from Commitment:</b>  _____ Month      Day      Year  <b>To discharge</b> make copy of initial report and complete discharge information. Please mark type of report above and add date in column indicated.	<b>Submit reports to:</b>  <b>Ronald Sorensen, Administrator</b> <b>Division of Behavioral Health Services</b> <b>PO Box 98925</b> <b>Lincoln NE 68509-8925</b>  July 05 Edition.

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